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NATIONAL RIGHT TO LIFE COMMITTEE 512 10th Street NW Washington, DC 20004 202-626-8800

A Pro-Life Religious Outreach Newspaper

House Votes to Repeal Obama Health Care Law

On January 19, the U.S. House of Representatives voted 245 to 189 to repeal the Obama health care law. A House resolution also instructs the relevant House Committees to replace Obamacare with reform that would include prohibiting taxpayer funding for abortions and provide conscience protections for health care providers. Election Day polling found that **54% of the American people wanted the law repealed compared to only 39% that wanted it retained.**

However, the Obamacare law remains in force unless a repeal bill is also approved by the Senate. The Senate Democratic Leader, Sen. Harry Reid (D/NV), will resist any attempt to pass the repeal bill in the Senate, and President Obama has vowed to veto any repeal.

National Right to Life Committee sent a letter in early January to House members to urge a yes vote on repeal, focusing on the abortion funding and rationing aspects of the health care act. "As enacted, *PPACA [Patient Protection and Affordable Care Act]* contains **multiple provisions authorizing federal subsidies for abortion, and additional provisions on which future abortion-expanding regulatory mandates may be based**," NRLC stated in its letter.

LifeNews.com photo

NRLC also found objectionable the "multiple provisions that will, if fully implemented, result in **government-imposed rationing of lifesaving medical care."**

"The department of Health and Human Services (HHS) will be empowered to impose so-called "quality and efficiency" measures on health care providers, based on recommendations by the Independent Payment Advisory Board, which is directed to force private health care spending below the rate of medical inflation. **In many cases treatment that a doctor and patient deem needed or advisable to save that patient's life or preserve or improve the patient's health but which runs afoul of the imposed standards will be denied, even if the patient wants to pay for it.**

"The law empowers HHS to prevent older Americans from making up with their own funds for the $555 billion the law cuts from Medicare by refusing to permit senior citizens the choice of private-fee-for-service plans whose premiums are sufficient to provide unrationed care but which HHS, in its unlimited discretion, disallows. The Obama health care law could thus lead to elimination of the only way that seniors will have to escape rationing — by **limiting their right to spend their own money to save their own lives.**

"The law instructs and authorizes state bureaucrats to limit the value of the insurance policies that Americans may purchase. Not only will the exchanges exclude policies from competing in an exchange when government authorities do not agree with their premiums, but the exchanges will even exclude insurers whose plans outside the exchange offer consumers the ability to reduce the danger of treatment denial by spending what those government authorities claim to be an "excessive or unjustified" amount.

"This will create a 'chilling effect,' deterring insurers who hope to compete within the exchanges from offering adequately funded plans even outside of them, so that consumers will find it increasingly difficult to obtain health insurance that offers adequate and unrationed health care."

The Obama administration in January suddenly reversed itself by dropping a provision reimbursing the inclusion of "advance care planning" in annual Medicare checkups, which Obama administration official, Donald Berwick, administrator of the Centers for Medicare and Medicaid Services, had reinstated after Congress had taken a similar provision out of the health care act. This provision could have been used to pressure older people to agree to less and less expensive treatments. However, the law retains "Shared Decisionmaking" provisions under which patient decision aids will be developed that are likely to encourage rejection of life-saving medical treatment. (For details on this and other rationing elements, visit www.nrlc.org/HealthCareRationing/Index.html.)

The fact that the advance care planning provision was dropped when well publicized is a demonstration of what pro-life opposition can do to make a difference. It became clear that the Obama administration is nervous about bringing attention to the many rationing elements which still remain in the health care law passed by Congress. **The pro-life movement must now redouble its efforts to expose all the rationing aspects of the Obama Health Care Law, remembering that our pressure can be effective.**

News Notes

Pro-Life Policy of No Abortions in Military Maintained in Defense Bill

Despite Democrats' promotion of an amendment to the Defense Department Bill that would have authorized abortions at military health facilities, a filibuster was maintained against the measure until an abortion-free Defense bill was passed in the House and the Senate in late December.

NRLC Legislative Director Douglas Johnson said, "NRLC has worked hard to repel an attack on a long-standing pro-life policy that covers the Defense Department, and we are pleased with the outcome."

Since 1996, the law prohibits the performance of abortion by Department of Defense medical personnel or at DOD medical facilities, with narrow exceptions.

More News

Bill Filed to Revoke Federal Tax Money Going to PPFA Abortion Business

Congressman Mike Pence (R/IN) on January 7 filed the **Title X Abortion Provider Prohibition Act (H.R. 217)** to prevent taxpayer money from going to the nation's largest abortion business. Title X is a federal grant program intended to support "family planning" services.

According to the annual report of Planned Parenthood Federation of America (PPFA), whose revenue from government grants and contracts totaled more than $363 million, the 324,008 abortions it provided was a 5.8% increase from the previous year, which had also documented a record high (PPFA factsheet, 9/3/10). PPFA does more than a quarter of all abortions in the U.S.

"The largest abortion provider in America should not also be the largest recipient of federal funding under Title X.... [This bill] will ensure that abortion providers are not being subsidized with federal tax dollars," Congressman Pence stated. The bill Pence has introduced would, if passed, prevent any family planning funds under Title X from going to abortion providers other than hospitals.

Cosponsors of the bill include more than 122 members of the U.S. House of Representatives.

"It is morally wrong to take the taxpayer dollars of millions of pro-life Americans and use them to promote abortion at home or abroad," Rep. Pence proclaimed on the House floor when introducing the bill.

There are on-going investigations of alleged fraudulent use of Title X funding by PPFA in several states, including Indiana, California, Alabama, and Tennessee.

Doctors Must Not Be Forced to Perform or Refer for Abortions

Analysis by Dr. Philip Ney

The noble profession of medicine has traditionally held that a doctor must not say no to a person who is seriously ill. But this does not apply to provision of abortion, Dr. Philip Ney, physician and psychiatrist, points out.

A serious challenge has arisen because the American College of Obstetricians and Gynecologists (ACOG) has ruled that physicians must perform an abortion when a woman requests one, or else provide a referral to someone who will. They suggest a physician will lose his certification as a specialist if he does not comply.

Dr. Ney lays out a clear argument of why such a policy does not make sense, either medically or ethically. He explains that abortion differs from medical practice in three essential ways.

1) Pregnancy is not an illness, therefore women choosing abortion are not patients. "Their choice is not an indication for treatment, their distress is not a disease."

2) Doctors who do abortions are not practicing medicine, i.e. addressing an illness or injury.

3) The abortionist's motives are "essentially wrong."

Dr. Ney goes on to specify that good medicine involves performing only those procedures which are:

a) indicated because something is wrong: "some recognized disease warrants doing this treatment."

b) beneficial: "There must be scientifically established benefits in the long run of the patient's life."

c) free of harm: "There are very few procedures that don't have some detriment. Most are temporary and borne well by patients who foresee the benefit."

d) the last resort. "Every form of less invasive, more reversible treatments must be seriously tried and have failed first."

e) in good conscience. "The performing physician must first analyze data collected on his/her patients in follow-up at 1 mo., 6 mo., 1 yr. and 5 yrs. to be convinced in his/her mind that the patients truly benefit from this procedure in his/her hands."

f) an accepted recommendation: "After a thorough examination the physician must make a clear recommendation for treatment to which the patient may or may not agree. If he/she agrees and will not accept any other form of good medicine their physician recommends, the patient has voluntarily withdrawn from the care of this physician. Their implied or stated contractual relationship has ended. The physician can no longer be held responsible for that person's health except as a citizen."

g) Ethics: "It is unethical for physicians not to announce and display their ethics. Since patients cannot assume their physician affirms the Hippocratic Oath, they need to know well in advance, what is their physician's basic intent on major contentious issues."

h) Consent: "the physician makes doubly sure of [the patient's] consent to treatment by very carefully outlining the recommended procedure, indicating the benefits, hazards and alternatives, then providing plenty of time for the patient to ask questions.... Since these are matters of wellness and wholeness in the long term, the patient must be given the opportunity of days to make up their mind without interference."

"The current practice of abortion meets none of these criteria," Dr. Ney says. "It is bad medicine, or more accurately is not medicine. No physician can be forced to practice bad medicine. Among their colleagues, in their associations, in court, good physicians need only say, 'Nothing will make me practice bad medicine, so help me God." Science will support them.

In a confidential questionnaire, Dr. Ney has collected data from a sample of ex-abortionists that indicates they are primarily motivated by "money, power, notoriety, reenacting unresolved problems from their past." These former abortionists have stopped doing abortions either because of a life-changing spiritual experience, the awareness of the humanity of the preborn child, or the realization that they are practicing bad medicine and could not defend themselves in court when a charge of malpractice is brought against them.

If a state or a medical association forces a physician to do a certain work under pain of loosing their livelihood, "it is tantamount to slavery," Dr. Ney insists.

Bulletin Inserts

March 6 - As we begin the journey of Lent, we have clear cut choices to make, as spelled out in Deuteronomy, 30:19: "I call heaven and earth to witness against you this day, that I have set before you life and death, blessing and curse; therefore choose life, that you and your descendants may live..." Isn't it up to us to choose life and ignore the "false gods" of our culture telling us that the killing of the unborn is morally acceptable?

March 13- Our culture holds that a human life is precious when someone thinks it is, be it a parent or be it a civil court, and when that life is deemed to be without value, then it is expendable. Sad to say, many in our society do not question this gross inconsistency but rather take it for granted. Bishop Robert C. Morlino

March 20- In a book titled *Culture of Death: The Assault on Medical Ethics in America,* Wesley J. Smith argues that "a small but influential group of philosophers and health-care policy makers" is working to bring about a culture in which "killing is beneficent, suicide is rational, natural death is undignified, and caring properly and compassionately for people who are elderly, the prematurely born, disabled, despairing, or dying is a burden that wastes emotional and financial resources."

March 27- "The American people oppose funding abortion with their tax dollars, yet pro-abortion leaders in Washington routinely ignore their moral and ethical concerns. It is high time that this tyranny of the minority…be stopped." Population Research Institute president Steven Mosher speaking in support of the proposed "No Taxpayer Funding for Abortion Act."

April 3- "Promoting easy access to RU-486 and other drugs that induce abortion risks trivializing the termination of a pregnancy. Commercializing abortion medication can turn "an unwanted pregnancy into being almost like an annoying cold to be gotten rid of with a pill." Archbishop Rino Fisichella, President of the Pontifical Academy for Life

April 10 – "Even as our ability to manipulate biological life in the laboratory continues to grow, the principle of life itself remains elusive and beyond our grasp. Living beings, with all their structure and complexity, should never cease to impress us and inspire us with a certain awe, so that even in our bated eagerness to harness their powers, we might avoid reducing life itself to a mere commodity or raw material for out biotechnical prowess to conquer." Father T. Pacholczyk, Ph.D. of the National Bioethics Center in Philadelphia.

April 17 –Pope Benedict began the Advent journey in 2010 with a prayer for life and a defense of the human embryo, noting that science itself has demonstrated the truth: "It is not a question of a collection of biological material, but of a new individual of the human species. This is how Jesus was in Mary's womb; this is how we each were in our mother's wombs." The Southern Cross, 12/10

April 24- As we celebrate Christ's victory over death, let us pledge ourselves more fervently to battle the Culture of Death that threatens the very moral foundations of our society. Christ came that we might have life and have it more abundantly, not so that some might take away the gift of life from defenseless others.

Suggested Prayers

March 6- That through our work and our example, we may lead this nation to a Culture of Life, we pray

March 13- For all those working to help women to resist the choice of death for their unborn child, we pray

March 20- That those struggling with the hardships of old age may be supported and consoled by loving companions, we pray

March 27-For married couples, that they may cherish and protect the gift of an unborn child, we pray

April 3- That we may open the eyes of the blind to the truth that every human life is sacred, we pray

April 10- For those in leadership positions, that they may enact laws to protect the handicapped, the terminally ill and the unborn, we pray

April 17- That those with a well trained tongue may use their gifts to rouse others to reject the falsehoods of the Culture of Death, we pray

April 24 – That Christ whose rising from the dead we celebrate may lead this nation to a Culture of Life, we pray

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More News

ACLU Repeats Request that Obama Administration Force Catholic Hospitals to Do Abortions

LifeNews.com photo

The American Civil Liberties Union (ACLU) has once again sent a letter to the Obama administration asking that Catholic and other religiously-affiliated hospitals be forced to do abortions in cases where, allegedly, the mother's life is in danger.

The letter was sent to the Centers for Medicare and Medicaid Services (CMMS) whose administrator is rationing advocate Donald Berwick. ACLU claims that the *Emergency Medical Treatment and Active Labor Act* and the *Conditions of Participation of Medicare and Medicare,* which require hospitals to provide appropriate medical care to all patients, includes abortions under the "emergency reproductive health care" section.

This time the ACLU letter condemns the decision of Phoenix Bishop Thomas Olmstead (see below) to revoke the Catholic status of St. Joseph Hospital after it refused to comply with Catholic moral directives for Catholic health care institutions.

Catholic teaching has consistently taught that it is morally permissible to treat women for life-threatening conditions even if it indirectly causes the death of the unborn child, but that it is never permissible to directly take the life of the preborn, which is the definition of abortion.

ACLU's letter misrepresents this clear Catholic teaching and practice, and also the particular case at St. Joseph's hospital.

Tom Brejcha, president and chief counsel for the Thomas More Society, warned that forcing Catholic hospitals to do abortions against their will and against the explicit teaching of the Church would violate their conscience rights.

"ACLU's advocacy that abortions are sometimes necessary to 'save a life' and its contention that reproductive health care may require the killing of unborn human beings should provoke an enlightened, invigorated, and sustained response from Catholics and others who believe that every human life is endowed with an inviolable right to life," Brejcha stated.

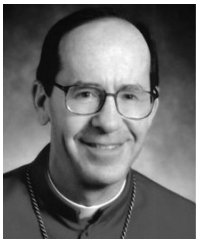
Phoenix Bishop Revokes Catholic Status of Hospital Doing Abortion

Bishop Thomas Olmstead of Phoenix declared St. Joseph Hospital no longer Catholic because of its violation of Church teaching in several practices, including abortion.

In issuing the decree on December 21, Bishop Olmstead declared, "I cannot verify that this health care organization will provide health care consistent with authentic Catholic moral teaching."

"Both the hospital and its parent company, Healthcare West (CHW) based in San Francisco have violated the Ethical and Religious Directives of the U.S. Conference of Catholic Bishops for health care institutions," the bishop explained.

In 2009, St. Joseph Hospital in Phoenix aborted the 11-week old unborn child of a woman who had pulmonary hypertension. CHW had relied on the analysis of a theology professor at Marquette University to decide in favor of the abortion. Bishop Olmstead wrote to the president of CHW saying it is the bishop's job, not the hospital's, to interpret Catholic moral teaching on abortion and to enforce this within the diocese.



Bishop Olmstead